PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

| Effective December 8, 2004 | | | | | | | | | 10/574916 | | | |
|--|---|----------------------------------|-----------------|-----------------------|---------------------|------------------|---------------|------------|------------------------|-------|---------------------|------------------------|
| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | | | | SMALL TYPE | ENT | ·/·// | OR | OTHER SMALL E | THAN |
| U.S. NATIONAL STAGE FEES | | | | | | | RAT | | FEE | | RATE | FEE |
| BASIC FEE | | | | | - | | BASIC FE | E | | OR | BASIC FEE | 310 |
| EXAMINATION FEE | | | | | | | EXAM. FE | E | | | EXAM. FEE | 200 |
| SEARCH FEE | | | | | | - 1 | SEARCH | EE | | | SEARCH FEE | 41) |
| FEE FOR EXTRA SPEC. PGS. | | | minus 100 = | | | / 50 = | X \$ 12 | 5 = | | | X \$ 250 = | $\mu \lambda \Sigma$ |
| TOTAL CHARGEABLE CLAIMS | | | 36 minus 20 = * | | | 16 | X \$ 25 | ; = | | OR | X \$ 50 = | XOD |
| INDEPENDENT CLAIMS | | | minus 3 = * | | | 7 | X \$ 10 | 0 = | - | OR | X \$ 200 = | 00- |
| MUL | TIPLE DEPEN | DENT CLAIM PR | ESENT | | | | + \$ 18 |) = | | OR | + \$ 360 = | ļ |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | TOTA | L | | OR | TOTAL | MOU | |
| | CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST | | | | | | SMAI | L EN | OTHER TH | | | NTITY |
| AMENDMENT A | | REMAINING AFTER AMENDMENT | | NUM PREVIO PAID | BER DUSLY | PRESENT EXTRA | RATE | = | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | Minus | ** | | = | X \$ 25 | = | | OR | X \$ 50 = | |
| | Independent | * | Minus | *** | | = | X \$ 10 |) = | | or | X \$ 200 = | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | + \$ 180 |) = | | OR | + \$ 360 = | |
| | | | | | | | TOTAL AL | DIT. | | OR | TOTAL ADDIT. FFF | |
| | | (Column 1) | | (Colur | mn 2\ | (Column 2) | | | | | | |
| AMENDMENT B | , | CLAIMS REMAINING AFTER AMENDMENT | | HIGH NUM PREVIO | EST BER DUSLY | PRESENT EXTRA | RATE | | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | Minus | ** | | = | X \$ 25 | = | | OR | X \$ 50 = | |
| | Independent | * | Minus | *** | | = | X \$ 100 |) = | | OR | X \$ 200 = | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | + \$ 180 |) = | | OR | + \$ 360 = | |
| | | | | | | | TOTAL AD | DIT | | OR | TOTAL ADDIT. | |

^{***} If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.